CLASSIFICATION OF CHRONIC PAIN

DESCRIPTIONS OF CHRONIC PAIN SYNDROMES AND DEFINITIONS OF PAIN TERMS

Second Edition

prepared by the

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GROUP V: PRIMARY HEADACHE SYNDROMES, VASCULAR DISORDERS, AND CEREBROSPINAL FLUID SYNDROMES

Classic Migraine (Migraine with Aura) (V-1)

Definition
Throbbing head pain in attacks, often with a prodromal state and usually preceded by an aura which frequently contains visual phenomena. The pain is typically unilateral but may be bilateral. Nausea, vomiting, photophobia, and phonophobia often accompany the pain. Clear female predominance.

Site
Typically unilateral, but may be bilateral. Pain mostly begins in the fronto-temporal area and is most marked in this area, even at maximum, when it may involve the whole hemicranium. The side typically changes in different attacks or even during single attacks.

System
Unknown: vascular disturbances have been emphasized; central nervous system changes may be fundamental. The coding below accepts the latter.

Main Features
Frequent positive family history of migraine-like type of headache. *Prevalence:* high, but less frequent than common migraine. *Sex Ratio:* females more than males. *Onset:* from childhood to about 35. In most cases, attacks have started by late puberty. Onset of solitary attacks may be associated with emotional stress, relaxation, "anxiety," dietary causes (chocolate, cheese, citrus fruits, etc.), flashing lights, atmospheric changes, etc. *"Premonitory" Phase:* may last for hours to one or two days and precedes the aura phase, often with mood changes, weight gain. *The Aura* usually precedes the pain phase but may also occur both prior to and during it, and occasionally only during it. An aura may occur without subsequent pain, probably most frequently in male patients. In approximate order of frequency, the following phenomena occur during the aura phase: blurring of vision, flickering changes in the visual field, phenomena like a curtain or mist in parts of the field, fortification figures, scotomata and a variety of other visual changes (the visual changes usually have a homonymous distribution), paresthesias, mostly in the regions of the hand and mouth, mild paresis (the two last phenomena usually with a unilateral distribution), dysarthria, and aphasic disturbances. In extremely rare cases, there may be alloesthesia, micropsia, and macropsia, or distortions of perspective. If paresis, hemianopias, and sensory loss are prominent and longlasting, they may be part of other migraine variants (V-3). *Duration of Aura Phase:* usually 20–25 minutes. *Pain:* the aura may overlap with the pain phase. Usually the pain succeeds the aura with or without a symptom-free interval. In occasional attacks in the classic migraineur, the pain starts without a preceding aura. The pain is throbbing, ranges from mild to severe in intensity, reaches a plateau, and usually lasts from 4 to 72 hours if unmodified by drugs. The pain may be global, but typically it is unilateral and alternates sides during an attack or between attacks. The pain typically starts in the frontal-temporal area. It may continue in that area or involve the entire hemicranium at a later stage. The pain is generally moderate to severe. Characteristically, the pulsating quality increases with moderate physical activity or stooping. *Frequency:* varies from a couple of attacks in a lifetime to several every week. The most usual pattern in clinical practice is 1–4 per month. Exacerbations often occur during episodes of anxiety, depressive illness, or personal conflict. The tendency to attacks is frequently markedly reduced in pregnancy. *Other Characteristics:* anorexia, nausea and vomiting, photophobia, and phonophobia are characteristic features of the attack.

Precipitating Factors
Numerous, may include stress, mood changes, relaxation, dietary factors.

Associated Symptoms and Signs
Anorexia, nausea, vomiting, photophobia, and phonophobia. With "complicated migraine," various deficiency symptoms and signs (e.g., hemiplegic migraine; see V-3).

Laboratory Findings
Fall in platelet serotonin during attacks. Changes in cerebral blood flow.

Relief
From ergot preparations, beta-blocking agents, calcium blocking agents, NSAIDs, and substances interfering with serotonin activity, in particular serotonin 1D receptor agonists like sumatriptan.

Usual Course
In time, interparoxysmal psychological changes if the headache is severe. Ergotamine dependence or other dependence on medication, even analgesic medication. Detoxification may be required to end a vicious circle of withdrawal headaches and medications.

Complications
Depression and related psychological changes if severe. Dependence on ergotamine or other medication.